PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

FEB 06 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobhyist(s) Pichard Signl			
ii. Name of loonyist s	partnership, firm ur	corporation, it any:		
	n Government & 1 e of partnership, firm or o		es, LLC	
	•	corporation;		
900 Elm Street, Business Address: (Stre		Manchester	NH	03105-0326
Business Address: (20)	cety	(Town/City)	(State)	(Zip Code)
(603) 628-1489	(603) 625-5650	c-mail <u>richar</u>	d.sigel@mclanegps.com
(Telephone)		(Fax)		
reportable expense tra	ansactions which are i	not attrihutable to ai	iy one elient).	nay file a separate report for
X All reportable trans	actions occurring in the	months prior to the t	eporting date relative to	the following elient:
New Hampshire H	ospital Associa			
OR	(Full Name of Client as i	t appears on the Lobbyi	st Registration Form)	
	ections by the lobbyist (llar client,	including the lobbyis	t's family), or the lobbyin	ng firm listed below which are
IV. Date of Report Reports cover: activit	April 25, 2018 y from date of registration	on to 3/31/18 a.	July 25, 2018 🔲	8
ú	October 31, 2018 🗍 activity from 7/1/18 to 9/3	0/18 a	January 30, 2019 x ctivity from 10/1/18 to 12/3	
			nsactions made since cretary of State's Office,	
VI. Cheek if additiona	l repurts are attached	l:		
•	•	=	ddendum A- Fees and l	•
 If you have paid an Expense Reimbursemen 		rsed expenses, you m	ust file Addendum B- R	eport of Honorariums or
🗷 If you, your firm, o	r your family has made	political contribution	s, you must file Addend	um C- Political Contributions
Sworn Statement/Affil have read RSA 15, RS and complete to the best (Signature of lobbyist) Richard Sigel (Print Name of lobbyis)	SA 15-B, RSA 14-C and a of my knowledge and		y swear or affirm that the	e foregoing information is true

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Richard Sigel	·	
II. Name of lobbyist's partnership, firm or corporation, if any:		
McLane Middleton Government & Public Strategies, LLC (Name of parmership, firm or corporation)	:	***
III. Name of Client New Hampshire Hospital	Date	<u></u>
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or	public relations service
a) Total of all fees received in this reporting period	a) \$	25,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$	75,000.00
c) Total of all fees received to date (Add lines a and b)	c) \$	100,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (e) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	elient and if ex- may be filed e aggregate to expenses; (b) the le: meals purce ess than \$10 the ed with a value orting period of ue of greater (er than \$25, b), expense rein	spenditures are made by for the lobbyist(s)/firm tal of all expenses paid the aggregate total of all hased during a business at is given to the person to of \$25.00 or less); and f greater than \$25.00 fo than \$25, purchase of aut not greater than \$50 or business.
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	25,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.		0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period	d) \$	25,000.00
(Add lines a, b and c)		
e) Total of expenses paid this calendar year, prior to this reporting period	c) \$	75 <u>,</u> 000.00
(This should be the amount on line f of addendum A for last month's report)		
f) Total of all expenses year to date	f) \$	100,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees d	uring this reporting
Paid to:	Amount:	
	\$	
•		
	\$	
••••••	• • • • • • • • • • • • • • • • • • • •	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the Core	againg information
is true and complete to the best of my knowledge and belief.	n that the for	going information
()	J 3	2/12
(Signature of Johnvist)	1/2	19/19
(Signature of lobbyist)	∠ (Da	ite)'
Richard Sigel		
(Print Name of lobbyist)		